

MULTIPLE DENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						APPLICANT(S)							
CLAIMS													
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
2							52						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7						TOTAL IND.						
TOTAL DEP.	10						TOTAL DEP.						
TOTAL CLAIMS	47						TOTAL CLAIMS						

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